

Mr. YARMUTH. Mr. Speaker, our Republican colleagues continue to find different ways of saying no to the health care reform that the American people so desperately need and want. One of those outrageous ways of saying no is to claim that the government is somehow going to get between doctors and their patients.

Well, America's seniors know that is not the case, because under Medicare, doctor-patient relationships are sacred. Veterans know that is not the case, because the VA knows that doctor-patient relationships are sacred.

But the people of California don't know that. A recent study revealed that 22 percent of the claims made to insurance companies are denied. Now who is getting between the doctor and patient relationship? It is the insurance companies, not the government.

Republicans ought to figure out a way to say yes instead of no. It has been 126 days and counting since the Republican leadership said they were going to advance a plan to reform America's health care. Instead, they still find crazy ways to say no. It is time for them to join us in saying yes.

HEALTH CARE REFORM

(Mr. BURGESS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BURGESS. Mr. Speaker, health care reform should not cost patients their health care. Unfortunately, several of the plans that have been passed by this House and are now being written in secret in the Speaker's Office with the White House will do just that.

If it is cheaper for employers to drop employees from employer-sponsored insurance and move them into a public option, employers will do just that.

One-quarter of America's seniors who enjoy the added benefits of Medicare Advantage will lose their coverage. They get the things we want them to get: care coordination, disease management, medical homes, the things that we have told our seniors we will provide for them. And yet they will lose it under the health care reform. Millions more Americans will be moved into Medicaid.

Patients whose doctors can no longer afford their liability insurance will lose their doctor if we don't pass some sort of meaningful liability reform. Not just another study, but meaningful liability reform like we passed in Texas in 2003, and the point has been proven over the years since that has happened.

Portability should bring hundreds of more choices. We don't need a public option that will simply deliver a single additional choice.

No cuts to Medicare. America's seniors have paid, and they deserve better.

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SAYING NO TO HEALTH CARE REFORM

(Ms. WASSERMAN SCHULTZ asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. WASSERMAN SCHULTZ. Mr. Speaker, it's been 125 days, 126 days since Representative ROY BLUNT, the point man for the rumored Republican alternative health reform plan, said: I guarantee you we will provide you with a bill. Republican leaders from Governor Bobby Jindal to former Senate majority leaders Bill Frist and Bob Dole have indicated that Republicans need to work with Democrats to offer health care solutions.

But rather than coming up with a plan to lower health care costs and stop insurance companies from discriminating against you if you get sick, Republicans are choosing to be the party of "no" and the status quo.

No is not a solution. Saying no costs the average family \$1,800 in increased health costs each year. Health insurance reform is about putting the American people and doctors back in charge, not the insurance companies, to guarantee stability, lower costs, higher equality and more choices of plans. Our friends on the other side of the aisle can't run away from the fact that they have no plan, as much as they might like to. The time to act on health insurance reform is now.

UNCERTAINTY HURTS JOB CREATION

(Mr. WILSON of South Carolina asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. WILSON of South Carolina. Mr. Speaker, Democrat policies in Washington are creating uncertainty across America. This uncertainty is chilling job creation, and small businesses have to wait and see when the next tax increase or government mandate is going to arrive. Whether it is more government intrusion into the financial sector, a national energy tax, devaluation of their dollar, a Big Government health care takeover, small businesses see a Democrat agenda that is out of touch with their needs.

Further promoting this uncertainty is the Democrats' refusal to provide the transparency they promised. Long gone are the plans to draft a health care bill in public. Now those decisions are made behind closed doors. The Democrat leadership is even refusing to hold a vote on a proposal to have all legislation available online for 72 hours.

We need to say "yes" on H.R. 3400, health insurance reform. Republicans have a bill for access and affordability, and I urge my Democrat colleagues to consider H.R. 3400.

In conclusion, God bless our troops, and we will never forget September the 11th in the global war on terrorism.

PUBLIC OPTION MYTH BUSTER

(Ms. EDWARDS of Maryland asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. EDWARDS of Maryland. Mr. Speaker, it's been 126 days since the Republican leadership promised a health care bill and today, 126, still no bill. Mr. Speaker, I rise today to set the record straight. The American people overwhelmingly support a robust public health option. And despite months and months of insurance companies, lobbyists and even political leaders spreading the myth that the American people don't support a public health insurance option, we have clear evidence to the contrary. A poll released by The Washington Post and ABC News earlier this week confirmed that 57 percent of Americans support a public health insurance option.

The American people realize that the current system is broken, the status quo is unacceptable and the time for real health care reform is now. But instead of supporting reform, the party of "no" 126 days later, and insurance profit-mongers continue to work to kill reform and defend a system that discriminates against people with chronic illnesses, a history of domestic violence and continues to see premiums and deductibles skyrocket, forcing 14,000 Americans each day to lose their health care coverage.

Mr. Speaker, the American people have spoken and it's time for all Members of Congress, Republicans and Democrats, to listen. They want real health care reform, a robust public option to expend coverage, create real competition and bring down costs.

AMERICA'S RIGHT TO KNOW

(Mr. BUCHANAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BUCHANAN. Mr. Speaker, the State of Florida leads the Nation with one of the toughest right-to-know laws in the country. Florida's strong Sunshine Law guards against back-room deals and secret negotiation by government officials. Democracy thrives best when the people are fully involved and engaged.

Along these lines, I've introduced a resolution demanding that the critical decisions made on the sweeping health care reform bill now before Congress be conducted under the watchful eye of the American people. My resolution puts the House on record against secret, closed-door deals on a health care bill that seeks to overhaul one-sixth of our country's entire economy. In the past, massive legislative measures have been written in the middle of the night by a handful of Members and staff and then quickly passed into law before the American people have had a chance to even see what the final version looks like, let alone determine how they feel about it.

It's time for Congress to follow Florida's lead and ensure that any conference committee meeting on health care reform be conducted in the light of day and under full public view. I hope Members on both sides of the aisle will cosponsor this important right-to-know measure and join me in this effort.

MISREPRESENTATIONS ON MEDICARE

(Mr. ANDREWS asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ANDREWS. Well, it's been 126 days and the minority party's not given us their plan for health care. What they have given America's seniors is a lot of misrepresentations on Medicare. This bill does not cut Medicare benefits for seniors. It cuts corporate welfare for insurance companies. There is a program called Medicare Advantage, and it's an advantage for the insurance industry because it works like this: for every \$100 that we spend on regular Medicare to take care of seniors, insurance companies get \$114. They keep most of that \$14, if not all of it, and do not use it to help seniors. We're getting rid of that and I think that makes sense.

This bill will work in favor of seniors on Medicare because when you go to the doctor for preventive care if you're a senior on Medicare, no more copay, no more out of your pocket. Medicare pays it all. The cost of your prescription drugs will drop, and Medicare benefits will be strengthened. The life of the Medicare trust fund will be extended by 5 years.

So after 126 days, you'd think they'd come up with something, but what they've come up with is more misrepresentation.

PUBLIC OPTION DISASTER

(Mr. ROE of Tennessee asked and was given permission to address the House for 1 minute.)

Mr. ROE of Tennessee. Mr. Speaker, this week The Washington Post published a poll supposedly showing that 57 percent of the American people support, and I quote, "having the government create a new health insurance plan to compete with the private health insurance plans." Unfortunately, what The Post failed to ask and what poll after poll has consistently shown is that Americans who claim to support a government-run option switch their opinion when they find out that creating such a plan will decrease quality and access and increase costs.

How do I know this will happen? I practiced medicine in Tennessee under a plan very similar to what the Democrats are proposing here. We sought to increase access to health insurance by lowering provider payments and promising free medical care to our State's

government-run Medicaid plan. Our plan was called TennCare, but it might as well have been called H.R. 3200. It resulted in costs tripling in 10 years and rationing of care when our State couldn't pay for the care that was promised.

Our businesses realized they could shift the cost to the public sector, and our State saw 45 percent of individuals on TennCare who had previously been on private health insurance. It was a disaster. And I'm trying to prevent that disaster from playing out on a national level.

INSURANCE COMPANY CATCH-22

(Ms. DELAURO asked and was given permission to address the House for 1 minute and to revise and extend her remarks.)

Ms. DELAURO. This month a health insurance company tried to deny health coverage to a 4-month-old baby in Colorado. Why? Because they said he was too fat. An insurance company also, just this week, denied coverage to a 2-year-old girl. Why? Because they said she was too thin. Too fat, too thin, sounds like a no-win situation, a catch-22.

And, in fact, it was designed that way. An industry spokesman said they might reconsider covering those children if they got medical treatment and seemed healthy over a period of time. So in order to get health insurance, these children need to get treated without health insurance until they prove they're healthy enough to satisfy the insurance company. A cruel trick. And these companies pull it every day just to preserve their profit margins.

The apple doesn't fall far from the tree. Our friends across the aisle have been using similar logic to defend these companies and to defeat health insurance reform. They tell us that a public option will mean government-run health insurance, and that must be stopped. They tell us our health reform plan will endanger Medicare which is, of course, a public option. Which is it: too fat, too thin, too much government or not enough?

HEALTH INSURANCE EXPANSION SHOULD NOT COST PATIENTS COVERAGE OR BENEFITS

(Mr. BOOZMAN asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. BOOZMAN. Mr. Speaker, I rise today to say that health insurance expansion should not end up costing patients their quality of care or their benefits. In January 2008 the Arkansas Department of Health reported that 51,707 Arkansans were currently enrolled in Medicare Advantage. The Department also noted that the number of enrollees was increasing every day.

Most of these men and women are located in rural areas of the State, places where access to health care is already

strained and doctors are no longer seeing new Medicare patients. With the massive proposed cuts to Medicare Advantage, how am I to explain to these patients that the reform that they've been waiting for, the reform that many claim will broaden access and help them get the services they need will actually cost them the quality of care and coverage that they depend on?

I cannot find a good explanation, and I will not support legislation that sacrifices the health of seniors in Arkansas by cutting Medicare Advantage.

AMERICANS ARE TIRED OF WAITING

(Mr. MURPHY of Connecticut asked and was given permission to address the House for 1 minute.)

Mr. MURPHY of Connecticut. Mr. Speaker, I'm a patient man, so I've been willing to take my Republican colleagues at their word that they're not really trying to obstruct health care reform, that they want to fix the system as well. So I've been willing to wait for a plan. And many people out there in the public have been willing to wait as well for the Republicans to produce a health care reform before they pass judgment on what the best course is to fix our broken health care system.

Well, 126 days later, we're tired of waiting. Americans are ready for health care reform now because they want affordable choice that competes with private plans. They know that they are one bad checkup or one pink slip away from being kicked off their coverage. And they can't wait any longer for Republicans to share their solution.

Mr. Speaker, the status quo is unacceptable to the vast majority of Americans, except to those who have left us waiting.

FIND WAYS TO HELP SMALL BUSINESSES

(Mr. ROGERS of Alabama asked and was given permission to address the House for 1 minute and to revise and extend his remarks.)

Mr. ROGERS of Alabama. Mr. Speaker, the folks in east Alabama, as across most of America, are hurting right now. In my home county, we have 11 percent unemployment, and that's the lowest unemployment in that region of the State. I have several counties in my district with 15 percent unemployment, and I have one county with 17 percent. That's real pain. And instead of this Congress and this administration finding ways to help small businesses create jobs and get these people back to work, they're talking about raising taxes on small businesses and creating government-run health insurance and mandating it on small businesses.

We need to find ways to help small businesses create jobs. We need to offer tax credits if you'll hire new employees. We need to offer tax credits if